

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-045466

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3387

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 4000
3 2
4 1
5 2
6
7 0
8 2
9 4672
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12 26-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gardenville</u>		Length of stay in 1b <u>10 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CAROLINE</u> Middle <u>STEPHAN</u> Last <u>STEPHAN</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> , Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/11/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>	9. AGE (last birthday) <u>69</u>
13a. FATHER'S NAME <u>Henry Noll</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Seele</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred Stephan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Mr. Alfred G. Stephan, 5626 Marquette (9)</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Infarct</u> Chronic Vascular Disease DUE TO (b) <u>Chronic Vascular Disease</u> DUE TO (c) <u>6 Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:55</u> a.m. <u>P.</u> Month, Day, Year <u>Nov. 8th 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Missouri</u>	
21. I attended the deceased from <u>Nov. 8th 1962</u> to <u>Nov. 17th '62</u> and last saw her alive on <u>Nov. 17th, 1962</u> Death occurred at <u>11:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>3608 So. Grand Blvd.</u>	
22a. SIGNATURE (Degree or title) <u>M. H. Walters, M.D.</u>		22c. DATE SIGNED <u>11/19/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11/21/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Wm. H. Walters

3608 S. Grand

Pr. 2-7891

1:15 to 2:30 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.